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FACSIMILE TRANSMISSION COVER SHEET

DATE: July 28, 2008

TO: Examiner Raymond Alejandro
 Group Art Unit 1795
 Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

RE: U.S. Patent Application No. 09/833,202
 Entitled: FUEL CELLS AND OTHER PRODUCTS CONTAINING
 MODIFIED CARBON PRODUCTS
Our Ref: 01023(3600-344-01)

FROM: Luke A. Kilyk, Esq. 

FAC. TEL. NO.: 1-571-273-8300

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 4

Items Attached: Notice of Appeal -- 1 page
 Petition for 1-month Extension of Time -- 1 page
 Fee Transmittal -- 1 page

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 1-571-273-8300 on July 28, 2008.

Kim Blum
 Name (Print)


 Signature

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FEE TRANSMITTAL for FY 2008

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,560.00)

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None Deposit Account

Deposit Account Number
03-0060

Deposit Account Name
Cabot Corporation

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) or any underpayment of fee(s)

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
1011 310	2011 155	Utility filing fee	
1012 210	2012 105	Design filing fee	
1013 210	2013 105	Plant filing fee	
1014 310	2014 155	Reissue filing fee	
1005 210	2005 105	Provisional filing fee	

SUBTOTAL (1) (\$ 0.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20**=	<input type="checkbox"/> X	Fee from below	<input type="checkbox"/> =	Fee Paid
Independent Claims	- 3**=	<input type="checkbox"/> X		<input type="checkbox"/> =	
Multiple Dependent				<input type="checkbox"/> =	

Large Entity	Small Entity	Fee Description	Fee Paid
1202 60	2202 25	Claims in excess of 20	
1201 210	2201 105	Independent claims in excess of 3	
1203 370	2203 185	Multiple dependent claim, if not paid	
1204 210	2204 105	**Reissue independent claims over original patent	
1205 50	2205 25	**Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$ 0.00)

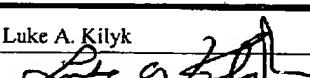
** or number previously paid, if greater; For Reissues, see above

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 1,560.00)

Complete (if applicable)

Name (Print/Type)	Luke A. Kilyk	Registration No. (Attorney/Agent)	33,251	Telephone	1-540-428-1701
Signature				Date	July 28, 2008

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